

**State of Arkansas Department of Emergency Management  
Evacuee Processing Worksheet**

Draft v3 09-02-2005

**Page 1**

<b>Incoming Processing Center Information:</b>			<b>Date:</b>
Center Name:	Phone: (    )    -		
Address:			
City:	State:	Zipcode:	County:

<b>Current Evacuee Physical Location:</b>			
Staying in shelter (circle one): Yes    No			
<b>If yes:</b>			
Shelter Name:	Shelter Phone: (    )    -		
Physical Address:			
City:	State:	Zipcode:	
<b>If no:</b>			
Address at which evacuee can be located:			
City:	State:	Zipcode:	
Phone number at which evacuee can be reached:			

<b>Evacuee Data</b>			
Head of Household Evacuee:			
Last Name:	First Name:	MI:	
Address Evacuated From:			
Address:			
City:	State:	Zipcode:	
(Area Code) Phone:			
Date of Birth(YYYYMMDD):			
Place of Birth City:	State:	Country:	
Country of Citizenship:	Alien Number:		
Gender (circle one):    M    F			
Marital Status (circle one):    Single    Married    Widowed    Separated    Divorced			
Number of Family Members with you: Adults:		Children:	
Number of animals with you:	Dogs:	Cats:	Birds:                  Other:
<b>Emergency Contact Information:</b>			
Last Name:	First Name:	MI:	
Street Address:			
City:	State:	Zipcode:	
Country			
Home Phone: (    )    -		Work Phone: (    )    -	

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**Page 2**

<b>Head of Household Evacuee</b>	
Last Name:	First Name:

<b>Services Needed:</b>	
Family Members with Special Needs:	
Clothing (list gender, size, qty):	
Housing (Permanent, Temporary):	
Medications:	
Mental Health:	
Pregnancy Due Date:	
Medical (Special Medical Needs):	
Legal Services:	Child Care:
Locator Assistance for other family members:	
Transportation:	
Financial:	
Religious:	Funeral:
Translator:	

<b>Future Plans:</b>	
Anticipated shelter time:	
Preferred area of the state:	
<b>Employment Information:</b>	
Currently seeking a job (circle one): Yes No	
If yes, list certification, licenses (which state), special skills:	

<b>Outprocessing Center Information:</b>			
Date Evacuees Left:			
Center Name:		Phone: (    )    -	
Address:			
City:		State:	Zipcode:

<b>Notes:</b>

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**Page 3**

<b>Head of Household Evacuee</b>	
Last Name:	First Name:

<b>Accompanying Evacuee (use additional forms page 3 as needed):</b>				
Last Name:	First Name:	MI:		
Gender (circle one): M F	Age:	Grade:	Date of Birth:	
Name of school currently enrolled in:				
Relationship (circle one):	Spouse	Son/Daughter	Parent	Other
Birth City:	State:	Country:		
Country of Citizenship:		Alien Number:		
Employment Information: Currently seeking a job (circle one): Yes No				
If yes, list certification, licenses (which state), special skills:				

<b>Accompanying Evacuee (use additional forms page 3 as needed):</b>				
Last Name:	First Name:	MI:		
Gender (circle one): M F	Age:	Grade:		
Name of school currently enrolled in:				
Relationship (circle one):	Spouse	Son/Daughter	Parent	Other
Birth City:	State:	Country:		
Country of Citizenship:		Alien Number:		
Employment Information: Currently seeking a job (circle one): Yes No				
If yes, list certification, licenses (which state), special skills:				

<b>Accompanying Evacuee (use additional forms page 3 as needed):</b>				
Last Name:	First Name:	MI:		
Gender (circle one): M F	Age:	Grade:		
Name of school currently enrolled in:				
Relationship (circle one):	Spouse	Son/Daughter	Parent	Other
Birth City:	State:	Country:		
Country of Citizenship:		Alien Number:		
Employment Information: Currently seeking a job (circle one): Yes No				
If yes, list certification, licenses (which state), special skills:				